= :			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-018576
	RTMENT C	)F PU	BLIC HEALTH AND WELFARE  Registration District No	STATE FILE NUMBER
DO NOT WRITE ON THIS STUB	AMENDE	D	Negasiarior District 10.	
	1 1 1		1 1 Tande of Beating 1001	deceased lived. If institution: Residence before
VS 300				b. COUNTY Franklin admission)
Rev. 4/59			b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR TOWN OR TOWN OR TOWN OR TOWN	Inside Limits
1-26	AMENDED			.wissa rook
10360			c. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  ADDRESS  ADDRESS	(If cutside, give location) Reside on Farm
20360	DATE		INSTITUTION 7 mi. S. of racific You No & 7 mi. S. of	tacitic Yes No 1
3			3. NAME OF DECEASED First Middle Last 4. DATE (Type or print)	
			DOPOTHU HEEN NOTHINGH DEATH	· µq ωυ
4 [			10. COLOR OK MICE 1 11 Marine (1) Marine (1) In Street of Street	(last birthday) IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min.
5 2				
6	اام		Os. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and st. during bost of working life, even if retired)	ite or country) 12. CITIZEN OF WHAT COUNTRY
	8		Tactory Tacitic Shoe Tuxico,	4. NAME OF HUSBAND OR WIFE
<sup>7</sup> ¢	01102	}         ∤		4 1
8 .   <sup>-</sup>	ν		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Walter Kathriner
· <del></del>	<b>⋖</b> │		(Yes, no, or unknown) (If yes, give war or dates of servi	meral ata unissa M
<u> </u>	A RE	_	18. CAUSE OF DEATH (Enter only one cause per line	INTERVAL BETWEEN ONSET AND DEATH
10 1	`		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
11	DOF	CUMEN	IMMEDIATE CAUSE (a) Myorar dial SCV. R.	
		<u> </u> ğ	Conditions, if any, 3 DUE TO (b) Wrema - Hutherter	1 Abr. 29/95
12 4/2 7 1	HIS REC		which gave rise to above cause (a),	
13/-0	⋷╠┼┼	<del> </del>	stating the under- lying cause last. DUE TO (c) <u>tenal failure</u>	
	8	{	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termi disease condition given in PART I (a)	nal PART III. If deceased was female withere a pregnancy in last 90 day
	တ္     ည		O DESCRIPTION OF ACCURANT SUICIDE HOWICIDE 200 DESCRIPE HOW INVITED OCCUPANT OF	Yes No Unknow
			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nat	
· .	AMENDMENT		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nat U YES   NO	
-	[   [		20c. TIME OF Hou Month, Day, Year	
	<b>₹</b>		INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION	COUNTY STATE
<u> </u>			WHILE AT WORK  farm, factory, street, office bldg., etc.)	
E S S S S S S S S S S S S S S S S S S S	READ		21. I attended the deceased from April 29/95/to May 20/962 last saw	her alive on May 20 1962
8 2	21. I attended the deceased from April 29/95 to May 20/162 last saw her plive on a peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date stated above, and to the best of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the date of my knowledge of the peath occurred at 12:30 pin m on the d			
USE			CO. SIGNATURE (Decree or title) 22b, ADDRESS	22c. DATE SIGNE
. D 4	SHOULD	[2	1 Pulled Do Carilla	mo may 22k
-	<del></del>	₩₹	23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 33d. LOCAT	ION (City, town, or county) (3767e)
	စ္ခါ	FIBA	15-23-62 Carridge Late	<del></del>
	<u> </u>	K	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	REGISTRAR'S SIGNATURE
	E		Mrs. John L. Thebes, tacific Mo May. 23-1962 7	nary B. Grass.
•		•	(Licensed Embalmer's Statement/on Reverse Side)	/

## STATEMENT BY LICENSED EMBALMER

I here	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	· · · · · · · · · · · · · · · · · · ·	, Student Embalmer No
working unde	er my personal supervision.	0 1 00
Student	Signature of Student Embalmer	_ signed Ralph Oltmann
		Licensed Embalmer No. 4808
		P. O. Address Union, No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.